

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION WASTEWATER COMPLIANCE CHECK INSPECTION REPORT		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> CODE SHEET	
ENTITY: FACILITY NAME:		<input type="checkbox"/> AUTHORIZED BY RULE <input type="checkbox"/> PERMIT REQUIRED WQ 0000000-000 TX 0000000 <input type="checkbox"/> N/A	
TYPE WASTE <input type="checkbox"/> DOM - Domestic <input type="checkbox"/> IND - Industrial <input type="checkbox"/> AGR - Agricultural		CLASSIFICATION <input type="checkbox"/> Major <input type="checkbox"/> 92-500 Minor <input type="checkbox"/> Other Non-major	
		RETENTION CODE <input type="checkbox"/> D - Discharge to surface water <input type="checkbox"/> R - Retained (land disposal)	
REGION: 00	COUNTY: 000	BASIN: 00	SEGMENT: 0000
OPERATIONAL STATUS <input type="checkbox"/> A - Active <input type="checkbox"/> I - Inactive		TYPE INSPECTION <input type="checkbox"/> OTH - Other Compliance Inspection	
		SELECTION CODE <input type="checkbox"/> GM - WW Grant Major <input type="checkbox"/> GB - WW Galv. Bay Grant Minor <input type="checkbox"/> MD - WW Mandatory Grant Minor <input type="checkbox"/> DS - WW Discretionary <input type="checkbox"/> NA - N/A - Ag. Facility	
DATE INSPECTED 00/00/00 DATE REPORT 00/00/00 DATE LETTER 00/00/00 <input type="checkbox"/> N/A		FIELD MEASUREMENTS TAKEN <input type="checkbox"/> Yes <input type="checkbox"/> No	
		TYPE LAB SAMPLE <input type="checkbox"/> COM - Composite <input type="checkbox"/> GRB - Grab <input type="checkbox"/> NON - None	
CHAIN OF CUSTODY TAG NUMBER(S) <input type="checkbox"/> N/A _____			
OUTSTANDING ALLEGED VIOLATIONS/DEFICIENCIES <input type="checkbox"/> Yes <input type="checkbox"/> No		ALLEGED EFFLUENT VIOLATIONS <input type="checkbox"/> N/A <input type="checkbox"/> BOD ₅ <input type="checkbox"/> NH ₃ -N <input type="checkbox"/> DO <input type="checkbox"/> Metals <input type="checkbox"/> CBOD ₅ <input type="checkbox"/> Cl ₂ Res. <input type="checkbox"/> TOC <input type="checkbox"/> Organics <input type="checkbox"/> TSS <input type="checkbox"/> pH <input type="checkbox"/> O/G <input type="checkbox"/> Other (Specify):	
RESPONSE DUE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		DATE RESPONSE DUE 00/00/00 <input type="checkbox"/> N/A	
ENFORCEMENT INITIATION REQUEST WITH THIS REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE ENFORCEMENT INITIATION REQUEST 00/00/00 <input type="checkbox"/> N/A	
INSPECTOR:			INITIALS: 000
COMMENTS RELATED TO CODE SHEET DATA: 			
ROUTE TO: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Permit Applications <input type="checkbox"/> Municipal Permits <input type="checkbox"/> Industrial Permits <input type="checkbox"/> Toxicity Evaluation </div> <div> <input type="checkbox"/> Sludge/Transporter <input type="checkbox"/> Ag. Team <input type="checkbox"/> Self-reporting <input type="checkbox"/> Operator Certification </div> <div> <input type="checkbox"/> Enforcement <input type="checkbox"/> Record Services <input type="checkbox"/> Other: _____ </div> </div>			

		CONTACTED	
		YES	NO
A.	<u>CONTACT NAME/TITLE:</u>		
	<u>PHONE:</u>		
		()	()
		()	()
		()	()
B.	<u>FACILITY IDENTIFICATION:</u>		
	If a domestic WWTP or concentrated animal feeding operation, identify the type treatment system. () N/A		
	If an industry, identify the type of industry. () N/A		
C.	<u>INSPECTION SAMPLE RESULTS:</u>	() Applicable () N/A	
	If samples/measurements were taken, attach inspection sample results form (TNRCC-0181).		
D.	<u>OBSERVATIONS/COMMENTS:</u>		
E.	<u>REGIONAL OFFICE ACTION TAKEN:</u>	() Applicable () N/A	
F.	<u>CENTRAL OFFICE ACTION REQUESTED:</u>	() Applicable () N/A	

Inspector

Regional Water Section Manager

Signature Date _____

INSPECTION SAMPLE RESULTS

Entity Name:

TNRCC ID No.:

Date of Inspection:

[illegible]